STATEMENT OF

PAGE 1 / 63 =

FEC FORM 1		_	RGANIZ	_							Off	ice Use	e Only		
1. NAME OF			neck if name	Exam	ple:If typ	ing, typ	oe .	1:	2FE	4 M F	_	100 030	Citiy		
COMMITTEE (in	full)	is o	changed)	over t	he lines.					1110			_		
NRSC															
ADDRESS (number ar	nd street)	425 2ND S	TREET NE												
(Check if a	address	1			1 1	1 1 1	1	1 1	1 1	1	1 1	1 1	1 1	1 1	
is changed	1)	WASHING	TON					[DC I		200	02			
		CITY	<u> </u>					L S1	ATE A	A			ZIP	CODE	A
COMMITTEE'S E-MA	AL ADDRES	SS													
(Check if a			mer@nrsc.org	1											
is changed	1)														
		Optional Se	econd E-Mail Ad	dress	1 1		ı	1 1	1 1	ı	1 1	1 1	1 1	1 1	1
COMMITTEE'S WEB (Check if a is changed	address	www.nrsc.o	•												
2. DATE 11	M / D		022												
3. FEC IDENTIFIC	CATION NU	IMBER ▶	Cc	00027466											
4. IS THIS STATEM	MENT	NEW (N	N) OR	×	AME	NDED ((A)								
I certify that I have e	examined th	is Statement	and to the best	of my kn	owledge	and be	elief it	is tru	ue, co	orrect	and	comp	lete.		
Type or Print Name of	of Treasurer	DAVIS, KE	ITH, , ,												
Signature of Treasure	er <i>DAVIS</i>	S, KEITH, , ,		[1]	Electronica	ılly Filed	d] 	Date	9	M 11	М /	10	D /)22
NOTE: Submission of	false, errone		nplete information GE IN INFORMA									penalti	es of	52 U.S	.C. §30109
Office Use Only				F	or further ederal Elector Free 80 ocal 202-6	ction Co 0-424-95	mmissi		t:					RM 6/2012)	

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign cominformation below.)	mittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	
(d) This committee is a NAT (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Delitical Astion Committee (DAC)	
Political Action Committee (PAC):	line 6) Its connected ergonization is as
(e) This committee is a separate segregated fund. (Identify connected organization on	ine 6.) its connected organization is a.
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line	6.)
(g) This committee is an independent expenditure-only political committee (Super PAC)	
In addition, this committee is a Lobbyist/Registrant PAC.	•
	(II I : I DAO)
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net	proceeds for two or more political
committees/organizations, at least one of which is an authorized committee of a fee	deral candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	·
Committees Participating in Joint Fundraiser	
1. [C

	FEC Form 1 (Revised 0)2/2009)	Page 3
٧	Vrite or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	i age v
	NRSC		
6.		rganization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
	Mailing Address	PO BOX 3743	
		CARMEL	46082
		CITY ▲ STATE 4	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Represe	
	Tielationship.	Organization Some Fundaising Represe	Leavership 1 AC Sporisc
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the pers	son in possession of committee
	DAVIS, KE	ITH, , ,	
	Full Name		
	Mailing Address	425 2ND STREET NE	
		WASHINGTON	20002
		CITY ▲ STATE 4	▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	202 675 6000
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committeessistant treasurer).	ee; and the name and address of
	Full Name DAVIS, KE	ITH, , ,	
	of Treasurer		
	Mailing Address	425 2ND STREET NE	
		WASHINGTON	20002
	Title or Position ▼	CITY ▲ STATE 4	▲ ZIP CODE ▲
	TREASURER		202 675 6000
	TREASURER	Telephone number	

FEC F	orm 1 (Revised	02/2009)		Page 4
Full Name Designated Agent		HEATHER, , ,		
Mailing Add	dress	425 2ND STREET NE		
		WASHINGTON	, DC	20002
		CITY A	STATE A	ZIP CODE ▲
Title or Pos	sition ▼	GII T	SIAIE	ZIP CODE A
ASSISTAN	IT TREASURER		Telephone number 20	02 - 675 - 6000
	Other Depositor sit boxes or ma	ries: List all banks or other depositories in vintains funds.	which the committee deposits fu	unds, holds accounts, rents
Name of Ba	ank, Depository,	etc.		
	BANK	OF NEVADA		
Mailing Add	ress	8505 CENTENNIAL PKWY		
		LAS VEGAS	NV	89148
		CITY ▲	STATE ▲	ZIP CODE ▲
Name of Ba	ank, Depository,	etc.		
	BB&T			
Mailing Add	ress	1909 K STREET NW		
		WASHINGTON	DC	20006
		CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			
		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA	22314
		STATE ▲ nt Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Spe
Connect Con			
Connect Designated Agent: Identify Full Name	ted Organization Affiliated Committee		
Connect Con	ted Organization Affiliated Committee		
Connect Designated Agent: Identify Full Name	ted Organization Affiliated Committee		
Connection Designated Agent: Identify Full Name Mailing Address	Affiliated Committee Jointify by name, address (phone number – optional)		
Connect Designated Agent: Identify Full Name	Affiliated Committee Jointify by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ___63__

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST		
	STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Hepresenta	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Hepresenta	Leadership PAC Sp
resignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	STATE	ZIP CODE A
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which aintains funds. S FARGO 1753 PINNACLE DRIVE	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) o	or(h). Joint Fundraisin	g Participant:		
	1.	Ff	EC ID number	C
	2.	FI	EC ID number	C
	3.	FI	EC ID number	C
	4	Ff	EC ID number	C
6.	Name of Any Connected LAXALT VICTOR	Organization, Affiliated Committee, Joint Fundraising	g Representative	e, or Leadership PAC Sponsor
	Mailing Address	50 S JONES BLVD #201		
		LAS VEGAS	NV	89107
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	draising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	Telepho	one Number	[-] [-] [
	safety deposit boxes or many Name of Bank, BANK	ries: List all banks or other depositories in which the co		s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the calintains funds.		s funds, holds accounts, rents
	safety deposit boxes or many Name of Bank, BANK	ries: List all banks or other depositories in which the calintains funds. OF AMERICA		s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the coaintains funds. OF AMERICA 600 NORTH WASHINGTON STREET	committee deposit	
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the calintains funds. OF AMERICA		s funds, holds accounts, rents 22314

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____63__

1.			FEC ID number	er C	_
2.			FEC ID numbe	er C	Ξ
3.			FEC ID numbe	er C	
4.			FEC ID numbe	er C	
7.					
ame of Any Connected	Organization, Affilia	ated Committee, Joint Fu	ındraising Representa	ntive, or Leadership PAC Sp	ons
SULLIVAN VICTO	ORY 2020				
1					
Mailing Address	901 N WASHING	TON ST, SUITE 700			
					l I
			ı VA	22314	
	ALEXANDRIA		VA		
Relationship:	ALEXANDRIA	CITY A			•
	d Organization	CITY A Affiliated Committee (phone number – optional	STATE	ZIP CODE A	
Connected	d Organization	Affiliated Committee	STATE	ZIP CODE A	
Connected esignated Agent: Identify	d Organization	Affiliated Committee	STATE	ZIP CODE A	
Connected esignated Agent: Identify Full Name	d Organization	Affiliated Committee	STATE	ZIP CODE A	
Connected esignated Agent: Identify Full Name	d Organization	Affiliated Committee x	STATE	ZIP CODE A	
esignated Agent: Identify Full Name Mailing Address	d Organization	Affiliated Committee x	STATE	ZIP CODE A	
Connected esignated Agent: Identify Full Name	d Organization	Affiliated Committee x	STATE Joint Fundraising Repres	ZIP CODE A	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ing Participant:			
1.		FEC ID i	number	С
2.		FEC ID 1	number	С
3.		FEC ID i	number	С
4		FEC ID i	number	С
Name of Any Connected	d Organization, Affiliated Committee, Jo	oint Fundraising Repre	esentative	or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS			
	138 CONANT STREET, 2ND FLOOR			
	BEVERLY		MA	01915
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
esignated Agent. Ident	ify by name, address (phone number – o	plioriai)		
Full Name				
Full Name				
Mailing Address	CITY A	ST	TATE A	ZIP CODE A
	CITY A	ST Telephone Nun		ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	RITY COMMITTEE		
Mailing Address	228 S. WASHINGTON STREET		<u> </u>
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		and a take a Demonstration	
	d Organization Affiliated Committee Joint Fu	undraising Representa	tive Leadership PAC Spons
Designated Agent: Identif		undraising Hepresenta	Leadership PAC Spons
Designated Agent: Identif		undraising Hepresenta	Leadership PAC Spons
Designated Agent: Identif			Leadership PAC Spons
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE
Designated Agent: Identif	y by name, address (phone number – optional) CITY		
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Telep	STATE A	ZIP CODE A
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Telepories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	y by name, address (phone number – optional) CITY Telepories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mental safety deposit boxes o	y by name, address (phone number – optional) CITY Telepories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc.	y by name, address (phone number – optional) CITY Telepories: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc.	y by name, address (phone number – optional) CITY Telepories: List all banks or other depositories in which the	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

g) or (h). Joint Fundraisin	ıg Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	, or Leadership PAC Sponsor
SULLIVAN FOR	THE MAJORITY		
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	1/4	20244
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	nt Fundraising Representa	tive Leadership PAC Sponso
Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	•		ZIP CODE A
	pries: List all banks or other depositories in which	STATE ▲ Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID n	umber C	
2.		FEC ID n	umber (
3.		FEC ID n	umber (
4.		FEC ID n	umber (
	Organization, Affiliated Committee, Join	t Fundraising Repres	sentative,	or Leadership PAC Spons
THUNE VICTOR	Y COMMITTEE		1 1 1	
Mailing Address	PO BOX 9891			
	ARLINGTON	1	VA	22219
Relationship:	CITY A	S	TATE 🛦	ZIP CODE ▲
		X Joint Fundraising R	epresentativ	Leadership PAC Sp
	Affiliated Committee Ty by name, address (phone number – option		epresentativ	ve Leadership PAC Sp
esignated Agent: Identi			epresentativ	Leadership PAC Sp
esignated Agent: Identi			epresentativ	Leadership PAC Sp
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esignated Agent: Identi	y by name, address (phone number – optic	onal)		
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FEC Form 1S (Revised 02/2017)

(g) o	or(h). Joint Fundraisin ç	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
	Name of Any Connected CORNYN MAJOR	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON STREET SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
				_
-		by name, address (phone number – optional)		
-	Designated Agent: Identify	by name, address (phone number – optional)		
-	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
-	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Designated Agent: Identify Full Name	CITY A	STATE A	ZIP CODE A
-	Designated Agent: Identify Full Name Mailing Address	CITY A		
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE 🛦
	Pull Name	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
	Pull Name	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A
	Pull Name	CITY A Tel ies: List all banks or other depositories in which t	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(g) or (h). Joint Fundraising	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
GRAHAM MAJOR	.II Y FUND 		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint I	Fundraising Represent	ative Leadership PAC Sponso
Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
1	1		
	Tel	ephone Number	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the		s funds, holds accounts, rents
Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the		s funds, holds accounts, rents
safety deposit boxes or mai	ries: List all banks or other depositories in which the		s funds, holds accounts, rents
Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the		s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraising			===	ID 1		
1.			_	ID number	C	-
2.			FEC	ID number	С	_
3.			_ FEC	ID number	С	_
4.			FEC	ID number	C	
ame of Any Connected O		ommittee, Joint F	undraising F	Representativ	e, or Leadership PAC	Spon
DAINES VICTORY	2020					
Mailing Address	228 S. WASHINGTON ST					
	STE. 115					
	ALEXANDRIA			L ∨A	22314	
Relationship:	C	ITY A		STATE A	ZIP COD	E A
Connected		Committee	Joint Fundrais	sing Represent	tative Leadership F	
	Organization Affiliated			sing Represent	tative Leadership F	
Connected of conne	Organization Affiliated			sing Represent	tative Leadership F	
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Connected of conne	Organization Affiliated by name, address (phone	number – optiona	i)	sing Represent		PAC S
Connected of conne	Organization Affiliated by name, address (phone	number – optiona	i)	STATE A		PAC S
Connected of conne	Organization Affiliated by name, address (phone CIT CIT Ses: List all banks or other	number – optiona	Telephone	STATE A	ZIP CODE	PAC S
Connected of sesignated Agent: Identify If Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoric fety deposit boxes or main arme of Bank,	Organization Affiliated by name, address (phone CIT CIT Ses: List all banks or other	number – optiona	Telephone	STATE A	ZIP CODE	PAC S
connected of sesignated Agent: Identify If Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositorie fety deposit boxes or main ame of Bank, epository, etc.	Organization Affiliated by name, address (phone CIT CIT Ses: List all banks or other	number – optiona	Telephone	STATE A	ZIP CODE	PAC S

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1		FEC ID numb	per C
2.		FEC ID numl	per C
3.		FEC ID numb	per C
4.		FEC ID numl	per C
	l Organization, Affiliated Committee, Joint	Fundraising Represent	tative, or Leadership PAC Spor
COTTON VICTO	K		
Mailing Address	901 N WASHINGTON STREET		
Mailing Address	SUITE 700		
	ALEXANDRIA		A , , 22314 , ,
Relationship:	CITY A		
		STAT V Joint Fundraising Repre	
esignated Agent: Identif	fy by name, address (phone number - option	nal)	
esignated Agent: Identif	fy by name, address (phone number – optio	nal)	
	fy by name, address (phone number – optio	nal)	
Full Name	fy by name, address (phone number – optio	nal)	
Full Name	fy by name, address (phone number – option		
Full Name _ _ Mailing Address	CITY A		
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY ▲ Cries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposited boxes or mainly and the state of the stat	CITY ▲ Cries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	CITY ▲ Cries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	CITY ▲ Cries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Cries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	CITY ▲ Cries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

CO-PILOT COM	MIIIEE		
Mailing Address	PO BOX 2969		
Mailing Address			
	FARMINGTON HILLS	MI	48333
Relationship:	CITY A	STATE 4	ZIP CODE ▲
	Affiliated Committee Join Join Join Join Join Join Join Joi	nt Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identi		runuraising nepreser	
esignated Agent: Identi		runuraising nepreser	
esignated Agent: Identi			
esignated Agent: Identi	ify by name, address (phone number – optional)		ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
FRIENDS OF MI	FT JOINT FUNDRAISING COMMITT	EE 	
	C/O RED CURVE SOLUTIONS		
Mailing Address	138 CONANT STREET, SECOND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make agents and the second agents are depository, etc	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or(h). Joint Fundraisin	g Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3		FEC ID number C
	4		FEC ID number C
6.		Organization, Affiliated Committee, Joint Fundra ERICAN OPPORTUNITY	ising Representative, or Leadership PAC Sponsor
	Mailing Address	1405 ASHLEY RIVER ROAD	
		CHARLESTON	SC 29407
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
9.	safety deposit boxes or ma		he committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		<u> </u>
_		CITY A	STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin			, l FEO	C ID number	C
1.				C ID number	С
2.					
3.				C ID number	С
4			FE0	C ID number	C
ame of Any Connected	Organization, Affilia	ted Committee, Joir	nt Fundraising	Representativ	ve, or Leadership PAC Spon
BLUNT VICTORY	COMMITTEE				
Mailing Address	228 S. WASHING	TON ST		1 1 1 1 1	
	SUITE 115				
	ALEXANDRIA			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22314
Relationship:		CITY A		STATE A	ZIP CODE ▲
	П.	***	V = .		
		Affiliated Committee	Joint Fundra	ising Represen	tative Leadership PAC S
Connected				ising Represen	tative Leadership PAC S
Connected esignated Agent: Identify				ising Represen	tative Leadership PAC S
Connected esignated Agent: Identify Full Name				ising Represen	tative Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address ((phone number – opti	ional)		
Connected esignated Agent: Identify Full Name	by name, address ((phone number – opti	ional)	ising Represen	
esignated Agent: Identify Full Name Mailing Address	by name, address ((phone number – opti	ional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	v by name, address ((phone number – opti	ional) Telephon	STATE A	
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Anks or Other Deposito	v by name, address ((phone number – opti	ional) Telephon	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address ((phone number – opti	ional) Telephon	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito affety deposit boxes or mail ame of Bank, epository, etc.	v by name, address ((phone number – opti	ional) Telephon	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
NRSC/NRCC VIO	CTORY COMMITTEE		
1			
Mailing Address	228 S WASHINGTON STREET #115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin ç	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET SUITE 115		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected		Fundraising Represent	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	lephone Number	
	Banks or Other Depositor safety deposit boxes or mai Name of Bank,	ies: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
WICKER VICTOR	Y COMMITTEE		
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
Connected		t Fundraising Represent	ative Leadership PAC Sp
Connected esignated Agent: Identify	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee Join by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name	Affiliated Committee by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	Affiliated Committee by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising						
1.				FEC ID number	C	=
2.				FEC ID number	С	_
3.			F	EC ID number	C	
4.			F	FEC ID number	C	
ame of Any Connected C	Organization, Affiliated	Committee, Joint	t Fundraisir	ng Representativ	/e, or Leadership PAC	Spon
MCCONNELL VIC	TORY COMMITT	EE				
Mailing Address	228 S. WASHINGTON	ST.				
	STE. 115					
	ALEXANDRIA			VA	22314	
Relationship:		CITY A		STATE A	ZIP CODE	
Connected	Organization Affiliat	ted Committee	X Joint Fun	draising Represen	tative Leadership P.	
				draising Represen	tative Leadership P	
esignated Agent: Identify				draising Represen	tative Leadership P	
esignated Agent: Identify Full Name				draising Represen	tative Leadership P	
esignated Agent: Identify Full Name		ne number – optio	onal)		tative Leadership P	AC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phor	ne number – optio	onal)			AC S
esignated Agent: Identify Full Name	by name, address (phor	ne number – optic	onal)			AC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main	by name, address (phor	ne number – optic	onal)	STATE A	ZIP CODE	AC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main	by name, address (phor	ne number – optic	onal)	STATE A	ZIP CODE	AC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring the deposit boxes or main arme of Bank, epository, etc.	by name, address (phor	ne number – optic	onal)	STATE A	ZIP CODE	AC S

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	1	EEC ID words	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
MIKE LEE VICTO	DRY FUND		
Mailing Address	PO BOX 183		
	HUDSON	wi	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) or	(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. I	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET SUITE 115		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Represent	ative Leadership PAC Sponsor
8. [Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
s 1	Banks or Other Depositorical Safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or other depositories in which the ntains funds.	e committee deposit	s funds, holds accounts, rents
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
GRAHAM MAJOI	KIIY FUND		
Martina Addison	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	\/A	22314
Relationship:		VA VA	
Relationshin:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	ative Leadership PAC S
Connecte	d Organization Affiliated Committee Joint	nt Fundraising Represent	ative Leadership PAC S
Connecte		nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif		nt Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif	by by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or marks are of Bank,	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or marks are of Bank,	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng rantoipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	d Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
TEAM RAND			
	<u> </u>		
	PO BOX 190		
Mailing Address			
	NEWPORT	L KY	41072
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or many many many many many many many many	ries: List all banks or	-	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or	-		s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or	-		s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or	-		s funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks or	-		s funds, holds accounts, rents
		-		o fundo, holdo accesinto, resita
TITLE OR POSITION	V	1	elephone Number	
TITLE OR POSITION	▼	-··· -		
		CITY A	STATE ▲	ZIP CODE ▲
	1			
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address (phone number – optional)		
Connected	d Organization A	ffiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	ARLINGTON		VA	22219
Mailing Address				
	PO BOX 9891			
Name of Any Connected UNITED TO WIN	Organization, Affiliat	ted Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Sponso
4			FEC ID number	C
I			FEC ID number	C
3			FEC ID number	C
				С

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisi n	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Sponsor
	TEAM JONI			<u> </u>
		PO BOX 93441		
	Mailing Address	PO BOX 93441		
		DES MOINES	IA L	50393
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected			
3.		y by name, address (phone number – optional)		
3.	Designated Agent: Identify	y by name, address (phone number – optional)		
3.	Designated Agent: Identify	y by name, address (phone number – optional)		
3.	Designated Agent: Identify			
3.	Designated Agent: Identify Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
3.	Designated Agent: Identify	CITY A	STATE A	
-	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	CITY A ries: List all banks or other depositories in which	elephone Number	ZIP CODE A
-	Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which	elephone Number	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page 31 of 63

or(h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
DAINES SENATE	MAJORITY FUND		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Spons
Full Name			
Mailing Address			
	1		1
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	Telephone Number	
Banks or Other Deposito	ries: List all banks or other depositories in which	n the committee deposit	s funds, holds accounts, rents
safety deposit boxes or ma	antains turius.		
Name of Bank, Depository, etc.			
Mailing Address			
			1
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r		FEC ID number	С
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		PEC ID Hullibel	O
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
RUBIO VICTORY	COMMITTEE		
l , , , , , , , ,			
	220 C WASHINGTON STREET SHITE 445		
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name _ _	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name _ _	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or m ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or m ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page $\underline{^{33}}$ of $\underline{^{63}}$

ed Organization, Affiliated CommICTORY FUND PO BOX 3241 BRENTWOOD CITY Sted Organization Affiliated Cor		FEC ID number FEC ID number FEC ID number FEC ID number sising Representativ	C C C e, or Leadership PAC Spons
PO BOX 3241 BRENTWOOD		FEC ID number FEC ID number ising Representativ	C e, or Leadership PAC Spons
PO BOX 3241 BRENTWOOD		FEC ID number	e, or Leadership PAC Spons
PO BOX 3241 BRENTWOOD		ising Representativ	e, or Leadership PAC Spons
PO BOX 3241 BRENTWOOD CITY			
BRENTWOOD		TN	37024
BRENTWOOD		TN	37024
CITY	A	TN	37024
CITY	A	TN L	37024
	A		
ated Organization Affiliated Cor		STATE ▲	ZIP CODE ▲
ON ▼	\	STATE ▲	ZIP CODE ▲
	Tele	ephone Number	
C	ON ▼	Tel	ON ▼ CITY ▲ STATE ▲ Telephone Number Sitories: List all banks or other depositories in which the committee deposit

FEC Form 1S (Revised 02/2017)

Page _____ **of** ____63___

TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address	pries: List all ban	CITY ks or other depositories in	Telephone No			IP CODE Is accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	pries: List all ban		Telephone No	umber		
Banks or Other Depositors of Bank, Depository, etc.	pries: List all ban		Telephone No	umber		
Banks or Other Depositorsafety deposit boxes or m	pries: List all ban		Telephone No	umber		
Banks or Other Deposito	pries: List all ban		Telephone No	umber		
			Telephone No	umber		
TITLE OR POSITION		CITY A				IP CODE A
TITLE OR POSITION	1 🔻	CITY A	\$	STATE A	Ζ	IP CODE ▲
				1 , 1		, , 1–1
Mailing Address						
Full Name	y by name, addre	ess (phone number – optio	nai)	1 1 1	1 1 1 1	
	ed Organization		Joint Fundraising		tive 1	eadership PAC Spo
Relationship:	AUSTIN	CITY A		NC STATE ▲	78711	ZIP CODE A
	ALICTIN			NC	70744	
Mailing Address	PO BOX 1302	26				
CORNYN VICTO	NT COIVIIVII I	CC 				
		Affiliated Committee, Joint	Fundraising Rep	resentative	, or Leader	ship PAC Sponso
4			FEC IL	number	C	
				number	C	
3.				number	C	

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4.			
6.		Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 9891		
		ARLINGTON	VA	22219
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
	Mailing Address			
	Mailing Address			
	Mailing Address			

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5(a) (or(h). Joint Fundraisin	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		1 LO 15 Hambol	0
6.	Name of Any Connected RON JOHNSON \	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 1159		
		OSHKOSH	wi	54903
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		ı
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			

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Page ______ **of** _______

(h). Joint Fundraisi	19 1 di 1101panti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
Mailing Address	P.O. BOX 183		
	HUDSON	WI WI	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
VICTORY FOR A	ALASKA		
Mailing Address	901 N WASHINGTON ST		
Mailing / Idai 000	STE 700		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
connected sesignated Agent: Identification of Position of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint TORY COMMITTEE	Fundraising Representativ	e, or Leadership PAC Spons
Mailing Address	P.O. BOX 26141		
	ALEXANDRIA	VA	22313
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	√		ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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3			F	EC ID number	C	
4.			F	FEC ID number	С	
ame of Any Connected (Committee, Joint	t Fundraisir	ng Representati	ve, or Leadership PAC	Spor
O'DEA VICTORY						
Mailing Address	2024 3RD AVE N					
	STE 211					
	BIRMINGHAM			AL	35203	
Relationship:		CITY A		STATE 4	ZIP COD	
Connected		ated Committee		draising Represer		
		ated Committee				
Connected esignated Agent: Identify		ated Committee				
Connected esignated Agent: Identify Full Name		ated Committee				
Connected esignated Agent: Identify Full Name		one number – optic	onal)	draising Represer		PAC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (pho	one number – optic	onal)	draising Represer	Leadership I	PAC S
Connected esignated Agent: Identify Full Name	by name, address (pho	one number – option	onal)	draising Represer	Leadership I	PAC S
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (pho	one number – optic	onal)	state A	Leadership I	PAC S
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connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (pho	one number – optic	onal)	state A	Leadership I	PAC S

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n). Joint Fundraising							
1.					ID number	C	
2.				FEC	ID number	С	
3				FEC	ID number	C	
4.				FEC	ID number	C	
ame of Any Connected (liated Commit	tee, Joint Fu	ndraising F	Representativ	e, or Leade	rship PAC Spor
TEAM HAGERTY	VICTORY						
Mailing Address	P.O. BOX 50430)					
	NASHVILLE				TN	37205	
Relationship:		CITY A			STATE A		ZIP CODE ▲
Connected	Organization	Affiliated Comn	nittee 🗶 Jo	oint Fundrais	sing Represent	tative L	eadership PAC S
Connected esignated Agent: Identify					sing Represent	tative L	eadership PAC S
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esignated Agent: Identify Full Name					sing Represent	tative L	eadership PAC S
esignated Agent: Identify Full Name	by name, address		er – optional)		sing Represent		eadership PAC S
esignated Agent: Identify Full Name	by name, address	s (phone numb	er – optional)		sing Represent		
esignated Agent: Identify Full Name Mailing Address	by name, address	s (phone numb	er – optional)		STATE A		
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(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	ve, or Leadership PAC Spons
JOSH HAWLEY	VICTORY COMMITTEE		
	_I P.O. BOX 31476		
Mailing Address	1.0. Box 31470		
	SAINT LOUIS	MO	63131
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	oint Fundraising Represen	tative Leadership PAC Sp
Connecte			tative Leadership PAC Sp
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esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Affiliated Committee y Journal fy by name, address (phone number – optional)		
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Ty Journal Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in white	STATE ▲ Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
TAKE BACK THI	E SENATE		
Mailing Address	P.O. BOX 9891		
	ARLINGTON	, , VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	: Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	STATE	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TED BUDD MAJ	ORITY COMMITTEE		
	P.O. BOX 97275		
Mailing Address			
	DALEIGH		07004
	RALEIGH	NC NC	27624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraising					
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4.			FEC ID no	umber	C
	Organization, Affiliated Cor	nmittee, Joint Fun	draising Repres	entative,	or Leadership PAC Spor
TUBERVILLE VIC	IORY FUND				
Mailing Address	P.O. BOX 590012				
	BIRMINGHAM			AL	35259
Relationship:	CIT	ΓΥ 🛦	S.	ΓATE ▲	ZIP CODE ▲
		Committee	int Fundraising Re	epresentati	Leadership PAC S
Connected			int Fundraising Re	epresentati	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	Organization Affiliated of the property of the	number – optional)		TE A	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	ig i di licipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Mailing Address	901 N WASHINGTON ST		
	STE 700		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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i(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fur		e, or Leadership PAC Sponsor
	GA SENATE REF	PUBLICAN NOMINEE VICTORY F	UND 	
	Mailing Address	P.O. BOX 9891		
	Walling Address			
		ARLINGTON	ı VA	, 22219
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			oint Fundraising Representa	
	Connectic	7 Organization Annualed Committee	one rundraising ricpresent	Leadership 1 Ac opensor
3.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address	1		
				1
	TITLE OF POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	·	Telephone Number	- -
			Telephone Number	
1	Banks or Other Denosito	ries: List all banks or other depositories in whi	ch the committee denosit	s funds, holds accounts, rents
	safety deposit boxes or ma		on the deminate deposit	rands, noide deceants, reme
	Name of Bank, Depository, etc.			
	Mailing Address	1		
	Mailing Address			
			1 1 1	
		CITY ▲	STATE A	ZIP CODE 🛦
				

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundrais	ing Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TILLIS-NRSC C	OMMITTEE		
Mailing Address	P.O. BOX 97275		
	RALEIGH	NC	27624
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ted Organization Affiliated Committee	. Emploido o Bonos col	The standing PAG G
	tify by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadersnip PAC St
esignated Agent: Ident		T Fundraising Represent	Leadersnip PAC St
esignated Agent: Ident		T Fundraising Represent	Leadersnip PAC St
esignated Agent: Ident		T Fundraising Represent	Leadersnip PAC St
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Full Name Mailing Address	tify by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositety deposit boxes or reference to the control of the contro	tify by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositety deposit boxes or reame of Bank,	tify by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositety deposit boxes or reame of Bank, epository, etc.	tify by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositety deposit boxes or reame of Bank, epository, etc.	tify by name, address (phone number – optional) CITY CITY tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page <u>49</u> **of** <u>63</u>

h). Joint Fundrais		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Rick Scott Victor	y Fund		
Mailing Address	P.O. BOX 9891		
·			
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	ify by name, address (phone number – optional)	t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident		t Fundraising Hepresenta	Leadership PAC S
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esignated Agent: Ident	ify by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) CITY		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
COLORADO SE	NATE VICTORY 2022		
<u> </u>			
	D.O. DOV 2004		
Mailing Address	P.O. BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Ident	ify by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

(h). Joint Fundraising	Participant:			
1.		FEC	ID number	C
2.		FEC	ID number	C
3.		FEC	ID number	C
4.		FEC	ID number	С
=	Organization, Affiliated Committee, Jo	oint Fundraising Re	epresentative	e, or Leadership PAC Spon
TIM SCOTT VICTO	ORY FUND			
Mailing Address	1405 ASHLEY RIVER RD			
	CHARLESTON		SC	29407
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraisi	ng Representa	Leadership PAC S
	Organization Affiliated Committee by name, address (phone number – o		ng Representa	Leadership PAC S
esignated Agent: Identify			ng Representa	Leadership PAC S
esignated Agent: Identify Full Name			ng Representa	Leadership PAC S
esignated Agent: Identify Full Name		ptional)		Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – o	ptional)	STATE A	
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – o	ptional)	STATE A	
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mail	by name, address (phone number – o	ptional) Telephone	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

n). Joint Fundraising		1	EEC ID sumbar	· C
1.			FEC ID number	
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4.			FEC ID number	<u>C</u>
•	•		• .	ive, or Leadership PAC Spo
HERSCHEL WALK	(ER FOR GEORGIA	A VICTORY FU	JND 	
Mailing Address	900 CIRCLE 75			
	STE 100			
	ATLANTA		GA GA	30339
Relationship:	CI	TY 🛦	STATE A	ŽIP CODE ▲
			int Fundraising Represe	ntative Leadership PAC S
	Organization Affiliated by name, address (phone		int Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify			int Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify Full Name			int Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify Full Name		number – optional)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone	number – optional)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (phone CIT es: List all banks or other	number – optional)	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION	by name, address (phone CIT es: List all banks or other	number – optional)	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone CIT es: List all banks or other	number – optional)	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page $\underline{^{53}}$ of $\underline{^{63}}$

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
LAXALT VANCE	VICTORY COMMITTEE		
1			
Mailing Address	50 S JONES BLVD #201		
	LAS VEGAS	, , , NV ,	89107
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Page ____ **of** ___63___

5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1.		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund Y FUND	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address	50 S JONES BLVD #201		
		LAS VEGAS	NV	89107
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	nt Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			I
	-			
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•	STATE STATE Telephone Number	ZIP CODE A
9.	TITLE OR POSITION	ries: List all banks or other depositories in which	Telephone Number	
9.	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or man Name of Bank,	ries: List all banks or other depositories in which	Telephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	

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h). Joint Fundraising	Participant:				
1.				C ID number	С
2.			FE	C ID number	C
3.			FE	C ID number	С
4.			FE	C ID number	С
	organization, Affiliated (Committee, Joint	Fundraising	Representativ	e, or Leadership PAC Spon
LEVY VICTORY					
Mailing Address	PO BOX 30844				
	BETHESDA			MD	20824
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
				aising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name				aising Represent	ative Leadership PAC S
esignated Agent: Identify				aising Represent	Leadership PAC S
esignated Agent: Identify Full Name				aising Represent	Leadership PAC S
esignated Agent: Identify Full Name		ne number – option	nal)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phon	ne number – option	nal)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main	by name, address (phon	ne number – option	Telephon	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring the deposit boxes or main arme of Bank, epository, etc.	by name, address (phon	ne number – option	Telephon	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main	by name, address (phon	ne number – option	Telephon	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring the deposit boxes or main arme of Bank, epository, etc.	by name, address (phon	ne number – option	Telephon	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	α Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	MASTERS VICTO	PRY COMMITTEE		
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
		ALEXANDRIA	VA VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		1
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.				
	Banks or Other Depositor	ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rents
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	FEC ID number FEC ID number FEC ID number	C
		C
	EEC ID number	
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	FEC ID number	С
n, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Spons
1243		
DRIA _	L VA	22313
CITY A	STATE ▲	ZIP CODE ▲
CITY A	STATE ▲	ZIP CODE ▲
		0022_
<u> </u>	ephone Number	
banks or other depositories in which ts.	he committee deposits	s funds, holds accounts, re

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
RED VICTORY 2	<u> </u>		
	<u> </u>		
	P.O. BOX 183		
Mailing Address			
	HUDSON	WI WI	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	and Affiliated Committee Join Join Join Join Join Join Join Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identification Full Name	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spons
SMILEY VICTOR	Y		
Mailing Address	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	, VA	22314
Delete esta			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
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anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc. Mailing Address	intains funds.				
afety deposit boxes or ma ame of Bank, epository, etc.	intains funds.				
afety deposit boxes or ma	intains funds.				
	intains funds.				
		r other depositories in	which the commi	ttee deposi	ts funds, holds accounts, ren
			,		
	· 		Telephone N	umber [
TITLE OR POSITION		CITY A		STATE A	ZIP CODE ▲
			<u> </u>	L ₁ I	
Mailing Address					
Full Name					
esignated Agent: Identify	by name, address ((phone number – option	nal)		
Connected	I Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC S
Relationship:		CITY A		STATE A	ZIP CODE ▲
	ALEXANDRIA		1	VA	22314
3	STE. 115				
Mailing Address	228 S. WASHING	TON ST.			
VANCE VICTORY					
ame of Any Connected	Organization, Affilia	ited Committee. Joint	Fundraising Re	oresentativ	e, or Leadership PAC Spon
4			FEC II) number	С
3.			FEC II	number	С
			FEC II	number	С
2.) number	С

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h). Joint Fundraisi r	.gb		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
WALKER GRAHA	AM MAJORITY FUND		
	228 S. WASHINGTON ST.		
Mailing Address			
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
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Page <u>62</u> **of** <u>63</u>

5(g)	or(h). Joint Fundraising	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON STREET SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲	STATE A	ZIP CODE A
	TITLE OR POSITION	V CITY	SIAIL	ZIF CODE A
		Telep	phone Number	
9.				
	Banks or Other Depositor safety deposit boxes or main Name of Bank,	ies: List all banks or other depositories in which the intains funds.	e committee deposit	s funds, holds accounts, rents
	safety deposit boxes or mai		e committee deposit	s funds, holds accounts, rents
	safety deposit boxes or mai		e committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		e committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		e committee deposit	s funds, holds accounts, rents

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h). Joint Fundraisi r			I	FEC ID nui	mber	C
				FEC ID nui	mber	С
2.				FEC ID nui		C
3.						
4.				FEC ID nui	mber	C
ame of Any Connected	Organization, A	Affiliated Committee	, Joint Fundra	ising Represe	entative,	or Leadership PAC Spor
2022 GEORGIA	/ICTORY C	OMMITTEE			1 1 1	
Mailing Address	900 CIRCLE	75 PKWY SE				
	STE 100					
	ATLANTA			1 1	GA	30339
Relationship:		CITY A		STA	ATE 🛦	ZIP CODE ▲
	d Organization	Affiliated Committee		Fundraising Rep	oresentat	ive Leadership PAC S
Connecte esignated Agent: Identif				Fundraising Rep	presentat	ive Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, addre	ess (phone number	optional)	STAT ephone Number	EE A	ZIP CODE A
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